1999 Annual Report

College of Physicians and Surgeons of N
Gover *e practice of medicine in the pu*

Contact Information

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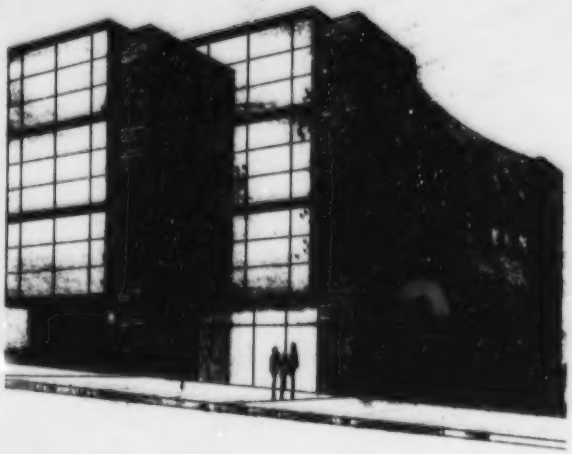

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PRESIDENT'S REPORT

In last year's annual report, my predecessor Dr. William Acker discussed the College's preparation for the significant challenges awaiting the medical profession in the coming millennium. Today, in the wake of major provincial budgetary changes, those challenges seem no less daunting. Nevertheless, like Dr. Acker, I remain convinced of the profession's ability to navigate the many challenges we face, and secure in the College's ability to play a key guiding role in that journey.

Anxiety about the maintenance of standards is a central feature of the growing public unease about the future of health care in this province. Nova Scotians are rightly proud of the high quality of medical care they receive, and understandably concerned that budgetary pressures may affect the quality of that care in the long term. As health care resources are further stretched, it is reasonable to expect that the public will turn increasingly to the College for assurance that high standards are being upheld.

One of the great advantages of the College's organizational design is that practicing physicians and members of the public play a fundamental role in its decisions. Most of my physician colleagues on Council are in active practice and are all too aware of the phenomenal pressures that College members face on a daily basis. As a witness to many Council and committee meetings within the College, I can confirm that the practical realities of physicians' working lives receive serious consideration. No less important to our decision-making processes are the astute contributions of the College's public members.

The thoughtful input of Council members will be increasingly essential in the coming months and years as the College embarks on its recently announced program of physician assessment and enhancement. This program, which will be preceded by a rigorously evaluated pilot project, will be non-punitive and administered at arm's length from the College's disciplinary processes. Council will soon establish a subcommittee that will be responsible for determining the nature and scope of the program.

I have promised that the College will solicit and actively consider member input in the design and implementation of this program, that it will communicate regularly about the program's progress, and that it will respond promptly and to the best of its ability to any questions about the program.

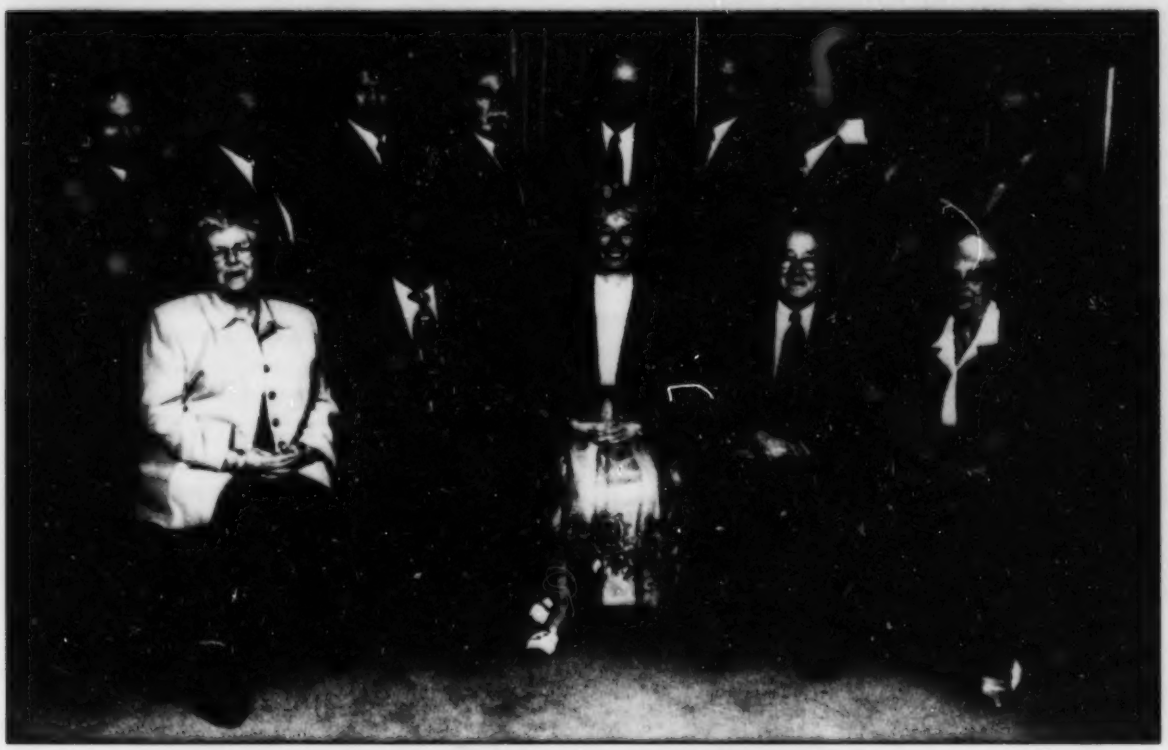
I firmly believe that this move toward professional quality assurance through assessment and enhancement will play an important role in maintaining the excellent reputation of the medical profession through the difficult times we are currently experiencing.

I want to thank the College's Council, committee members and staff for a very productive year. I also want to extend my best wishes to our incoming president, Dr. Reginald Yabsley. I hope that his term is as stimulating and satisfying as mine was.

Patricia Pearce

Patricia Pearce, MD, FRCP(C)
President

1999/2000 Council



Back row: Dr. William Lowe, Dr. Reginald Yabsley, Dr. Henry Adamson, Dr. George Legere, Dr. Robert Anderson, Dr. Rodney Wilson, Dr. David Murphy, Dr. Jaywant Patil, Dr. Cameron Little
Front row: Mrs. Dawn Valardo, Dr. Mahmood Naqvi, Dr. Patricia Pearce, Dr. Clair MacLeod, Ms. Carol Jackman
Missing: Mr. R. Blois Colpitts, Mr. Alan Stern, Q.C.

President

Dr. Patricia Pearce, Halifax, NS

President-Elect

Dr. Reginald Yabsley, Halifax, NS

Elected Members

Dr. Mahmood Naqvi, Sydney, NS

Dr. Henry Adamson, New Glasgow, NS

Dr. Al Legere, Yarmouth, NS

Dr. William Lowe, Kentville, NS

Dr. David Murphy, Halifax, NS

Dr. Jaywant Patil, Halifax, NS

Dr. Rodney Wilson, Halifax, NS

Dr. Reginald Yabsley, Halifax, NS

Appointed Members

Dalhousie University
Dr. Robert Anderson, Halifax, NS

Medical Society of Nova Scotia
Dr. Patricia Pearce, Halifax, NS

Governor-in-Council
Mr. R. Blois Colpitts, Halifax, NS

Dr. William Acker, Halifax, NS (1-year appointment)

Ms. Carol Jackman, North Sydney, NS

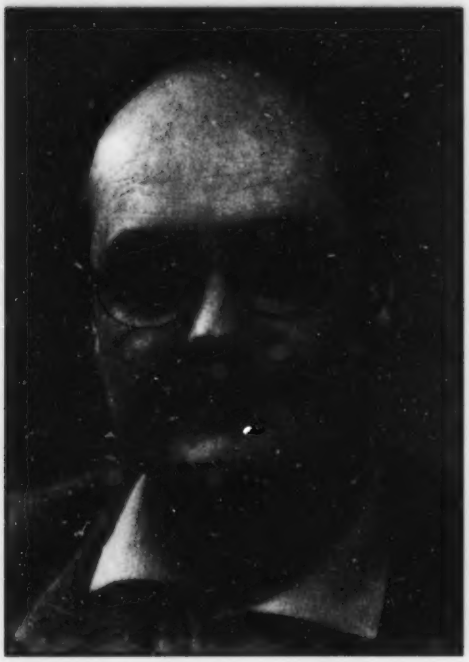
Mr. Alan Stern, QC, Halifax, NS

Ms. Dawn Valardo, Dartmouth, NS

Staff Support to Council

Dr. Cameron Little
Dr. Sharon Casson
Dr. S. Clair MacLeod
Ms. Anne Tutty
Ms. Pat Pettit
Mr. Bruce Thorne

REGISTRAR'S REPORT



Cameron D. Little, MD, LLB, FRCP(C)

Committing to quality assurance

To better fulfill its mandate, the College of Physicians and Surgeons of Nova Scotia is increasingly adopting a quality assurance perspective. Simply stated, quality assurance involves identifying and addressing weakness and inadequacies, and correcting small problems before they become large ones. While a "business as usual" approach might have sufficed in the past, organizations of all kinds are recognizing that the increasingly changeable environments they face require them to monitor their performance and make adjustments as necessary.

To effectively govern the practice of medicine in the public interest, the College must be constantly attentive and responsive to the needs of the constituencies we serve, most notably the public and our membership. One aspect of our work that will benefit from this sort of enhancement is the complaints and investigations process, particularly as it relates to complainants. We lack a clear and usable understanding of complainants' motivations and expectations. By gaining a fuller grasp on what motivates patient's complaints, we hope to be better equipped to assist our members in preventing them.

By definition, our perspective is fundamentally "doctorly" and "lawyerly". I believe that we need to draw on the insights of sociology and psychology as we strive to improve the complaints and investigations process. We are already well aware that complainants' expectations often far exceed what the College is able to deliver. Complainants sometimes leave the investigation process dissatisfied and without a sense of closure. I do not believe that the problem lies in the nature of the process, but rather in the means by which we communicate the terms of that process and its likely outcomes.

The role of the College is often misunderstood by many complainants, who frequently expect significant penalties for relatively small mistakes or errors of judgement on the part of physicians. A glance at recent hearing committee decisions demonstrates that the College deals firmly with what it determines to be serious and well-founded complaints. Nevertheless, the investigations committees and their support staff continue to be faced with many complaints that appear to be trivial, inappropriate, or difficult to clarify. I am not suggesting that such complaints are not worthy of consideration, but rather that we need to find a means to avoid or resolve them while using the College's resources more effectively.

Bringing quality assurance to the investigations process

I am pleased to report that the College's new deputy registrar, Dr. Sharon Casson, is directing efforts to bring the principles of quality assurance to our complaints and investigations process. She is currently examining complaints processes in other jurisdictions with the aim of adopting or adapting their best practices. She is also overseeing an upgrade of our complaints database to enable us to perform more sophisticated analyses of the process, which will in turn enable us to make more enlightened decisions. In the near future, she plans to assemble more detailed demographic and statistical information about complainants with the goal of improving the complaints and investigations function.

Policy change on third-party medical reports

The investigations process enables the College to recognize areas in which new policies are required. One example is the College's adoption in 1999 of a new policy regarding third-party medical reports. Since the Supreme Court of Canada issued its decision in McInerney vs. MacDonald in 1992, it has been recognized that with minor exceptions patients have a right of access to their medical records, including documentation received from other physicians. What was not so clear from the decision was whether this reasoning applied to patients examined by physicians at the request of third parties such as insurance companies.

While this may not constitute a traditional physician/ patient relationship, the third party physician is bound by the same ethical and professional responsibilities as other physicians, and patients routinely disclose personal and private information to these physicians and submit to physical examinations.

Until recently, it has been the policy of the College and some other licensing authorities to distinguish these types of relationships from traditional physician/ patient relationships and not to recognize a patient right of access to these reports. Council recently reviewed this policy, noting that the patient is required to disclose personal information and to submit to examinations and that this constitutes a form of physician/ patient relationship. After examining the policies of other jurisdictions, and in light of a decision of the Saskatchewan Court of Queen's Bench in 1993 (Parslow vs. Masters) strongly suggesting that patients have a right to view reports from their independent medical examinations, Council concluded that there is no justification for restricting patient access to records and reports arising from examinations conducted for third parties.

The College of Physicians and Surgeons of New Brunswick adopted a similar change in policy a few years ago, recognizing that in terms of patient access, third party reports should be treated the same as any other medical records. The New Brunswick College has reported no negative repercussions from its change in policy.

Under the new policy, which came into effect on March 1, 2000, Nova Scotia physicians may no longer agree to restrictions on the disclosure of third party medical reports to the individuals assessed at the request of a third party. The College has urged its members to promptly relay this information to all third party agencies with which they deal.

Recommendations arising from the investigations process

Another initiative stemming from the investigations process was the release of the College's *Guidelines for the Use of Controlled Substances in the Treatment of Pain.* This publication has been well received by both the public and the profession.

Dr. Sharon Casson became Deputy Registrar in September, 1999, replacing a retiring Dr. S. Clair MacLeod

Also based on information gleaned from the investigations process, the College made a number of recommendations to its members through the *ALERT* newsletter during the past year. These included the following:

- When a patient is seen in consultation, it should be made clear to the referring physician what investigations have been done, and which physician is responsible for further investigations and treatment.
- Physicians should not alter information on consent forms after the patient signs the form unless the patient consents to the changes.
- Because of the relative frequency of intra-operative awareness, physicians should be careful about the content of their operating room conversations, especially conversations regarding the personal issues of patients.
- Physicians who are unwilling to recommend or perform therapeutic abortions on moral or ethical grounds have an obligation to refer patients requesting these services to physicians who can offer more objective assessments and recommendations.

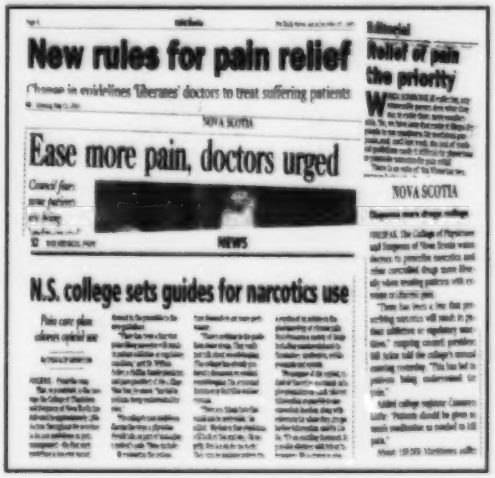
- Emergency room and office-based physicians must be aware of HELLP Syndrome, a serious and sometimes unrecognized group of conditions that occur in pregnant women, in which prompt treatment and delivery are essential.

- Surgeons should make their patients' family physicians aware of postoperative care and follow-up recommendations.

- Physicians planning to order the provincial air ambulance helicopter during the late evening and early morning hours should determine whether their patients might reach Halifax sooner by ground ambulance.

- Physicians facing a patient complaint to the College should not feel reluctant or anxious about contacting the Canadian Medical Protective Association (CMPA) for assistance. The College's investigations committees never disapprove or look down upon a physician's decision to contact the CMPA.

We will continue to share with our members the practical insights that emerge from the investigations process. This process of discovery and dissemination strikes me as a particularly good example of quality assurance in action.


New rules for pain relief

Change in guidelines 'liberates' doctors to treat suffering patients

NOVA SCOTIA

Ease more pain, doctors urged

NEWS

N.S. college sets guides for narcotics use

Relief of pain the priority

NOVA SCOTIA

The College's Guidelines for the Use of Controlled Substances in the Treatment of Pain were well received.

Outside demands

During the past few years, the College has increasingly found itself lobbied by public and professional interest groups to endorse their interests and policies, or to effectively make decisions that these groups are unwilling or unable to make on their own. It would appear that these groups regard the College as a proxy problem-solver. In most of these instances, it is inappropriate for the College to perform the role of judge or arbitrator. A great many issues about which we are expected to be accountable or asked to offer guidance are clearly out of our jurisdiction. In future, we will pay greater attention to clearly defining the extent of our willingness to offer opinions or to endorse the interests or policies of other organizations.

Physician workforce issues

Our registration and complaints functions give the College a front-line perspective on trends in physician workforce issues and trends in patient-satisfaction concerns. For this reason, we often receive advance warning of emerging problems. An obvious problem area is the supply of medical services in rural areas. The College has recognized and continues to act upon its obligation to lobby relevant institutions about the growing severity of physician shortages. We will continue to assert our position on this issue during our meetings with the provincial department of health, and through national organizations such as the Federation of Medical Licensing Authorities of Canada (FMLAC).

According to recent figures, the number of physician retirees in Canada will equal the number of new medical school graduates by the year 2006. Given that it takes upwards of ten years to train a physician, current public policies with regard to physician training and recruitment are in dire need of review. The College will continue to raise its concerns about this issue.

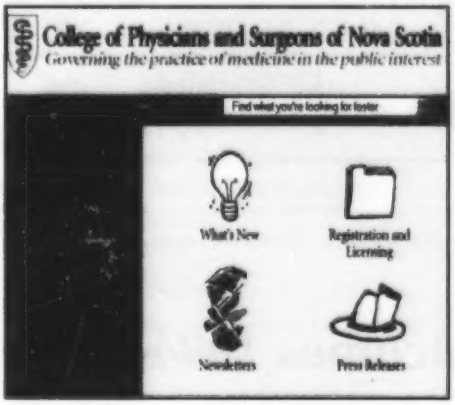
Compounding these problems is an obvious increase in the number of overworked physicians in this province. If current trends persist, it seems likely that there will be serious consequences with regard to the health and morale of the physician workforce. From a quality assurance perspective, the College's role is to ensure that governments and other relevant bodies are made aware of these problems and their possible impact on the public.

The College continues to ensure that international medical graduates applying for licensure in Nova Scotia are subject to rigorous tests of professional competence.

These include a requirement that they pass Medical Council of Canada examinations, that they be monitored by a sponsor who is a fully registered member of the College, and in certain instances, that they pass a clinical assessment or meet other conditions that the College may deem necessary. At present, the College has an agreement with the University of Manitoba to provide clinical assessment of family practitioners who are candidates for licensure.

In the autumn of 1999, the College and the Registered Nurses' Association of Nova Scotia released a revised version of their 1996 *Guidelines for Shared Competencies and Delegated Medical Functions.* These guidelines acknowledge the unique scope of practice of the nursing and medical professions and support the devolution of decision making related to shared competencies and delegated medical functions to practitioners and health care facilities and agencies.

Also in 1999, Council decided that the use of automated external defibrillators (AEDs) is not a medical act in Nova Scotia. This means that public access to defibrillation will increase as technicians, firefighters, and other first responders can now be trained to use AEDs. It is expected that increasing access to defibrillation will save lives. The College will follow up on the use of AEDs within the next 12 to 24 months.



Information about receiving College publications by e-mail is available on the website at www.cpsns.ns.ca.

Responding to members' needs

The College conducted focus group sessions with a randomly selected group of members from the Halifax area in the autumn of 1999. The discussions were wide-ranging, with participants pointing to several areas in which the College could do a better job of explaining its operations to members. The respondents' comments underlined a need for greater clarity about several aspects of College operations, including its relationship with the provincial government; its role in establishing, maintaining, and developing standards of knowledge, skill, and professional ethics among its members; the number and type of complaints it receives; its position on peer review; and the significance of the change from the Medical Board to the College of Physicians and Surgeons. The College has already begun to act upon these comments. In recognition that the needs and perceptions of rural members may be quite different from those working in the city, the College will soon undertake similar focus groups in locations outside Halifax.

Reviewing College spending

In the coming year, the College will begin to examine the appropriateness of its support for various programs and grants it funds to the tune of $100,000 per year. We need to determine whether these expenditures further the College's objectives in the most efficient means possible.

Administrative improvements

The principals of quality assurance have firmly taken root within the College's administrative operations. For example, in 1999 we responded to member requests by introducing credit card payment of fees. This service has been very well received. We have also begun the phase-in of an improved database system which has greatly enhanced the efficiency of our registration functions.

In 1999 we began to offer members the option of receiving new College publications by electronic mail. Initial interest in the e-mail delivery option has been impressive, and we expect that increasing numbers of physicians will take advantage of it over the coming years. More information about this service is available on the College's website, www.cpsns.ns.ca.

Perhaps the most notable administrative accomplishment of the past year was our successful move to new headquarters on Brunswick Street in Halifax. This new facility has enabled us to use our working space and office technology much more efficiently. The consensus among staff is that being situated on a single floor has made us more productive.

The tremendous dedication of the College staff was evident in the smoothness of the move. I would like to commend them for another year of excellent work. And finally, I would like to thank Dr. Patricia Pearce and the 1999-2000 Council for the thoughtful guidance, steady direction and receptiveness to change that they demonstrated throughout the year.

INVESTIGATION STATISTICS

Complaints by Category 1994-1999:

	1995	1996	1997	1998	1999
Clinical care	79	60	55	69	66
Communication	17	21	27	31	36
Sexual misconduct	9	3	5	6	6
Narcotics / restricted drugs	0	10	0	13	1
Insurance issues	10	4	3	11	6
Ethical conduct	0	21	10	3	7
Physician substance abuse	1	2	3	1	1
Medical records	6	7	2	0	1
Miscellaneous	4	2	1	0	0

Note: *Due to a change in the accounting and classification system, the 1995 and 1996 columns do not precisely reflect the number of complaints reported in those years.*

Complaint Outcomes 1994-1999:

	1995	1996	1997	1998	1999
Dismissed	81	110	48	91	83
Counselled	10	10	8	15	13
Cautioned	5	5	0	5	1
Caution / Counsel	8	9	10	9	14
Reprimand with consent	0	2	1	1	3
Referred to hearing	12	3	1	2	5

Note: *The number of complaint outcomes does not equal the number of complaints reported on an annual basis because not all complaints are resolved in the calendar year in which they are received.*

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HEARING COMMITTEE DECISIONS

Section 81 (1) of the *Medical Act* requires the College to publish Hearing Committee decisions or decision summaries in the Annual Report. Hearing Committee decisions are public documents which are available upon request from the College. The following three summaries describe the Hearing Committee decisions issued in 1999.

Dr. Paul S. Hingley

Pursuant to a Hearing Committee decision rendered May 10, 1999, the medical license of Dr. Paul Hingley, a Truro psychiatrist, was revoked. Dr. Hingley admitted that he engaged in sexual relations with two female patients during the period from June 1984 to December 1990 and that he was consequently guilty of professional misconduct. The Hearing Committee decision ordered Dr. Hingley to pay a portion of the College's costs in the amount of $10,000.

Dr. Jacek Wesolkowski

On September 1, 1999, the College issued a Hearing Committee Decision in the case of Dr. Jacek Wesolkowski, a Sydney psychiatrist. Pursuant to a settlement agreement, Dr. Wesolkowki admitted that he was guilty of the three allegations contained in a Notice of Hearing issued by the College and that he was consequently guilty of professional misconduct.

The Notice of Hearing alleged that Dr. Wesolkowski suffered from an alcohol abuse problem between June 1992 until March 1999; that he failed to abstain from the use of alcohol during the period from July 1998 to March 1999, contrary to an agreement signed with the College on July 7, 1999; and that he continued to practice medicine on several occasions between November 26, 1998 and February 28, 1999, contrary to an agreement with the College.

As part of his settlement agreement with the College, Dr. Wesolkowski consented to a six-month suspension. Given that he had complied with an interim suspension imposed in March 1999, the suspension was deemed served as of September 2, 1999. Dr. Wesolkowski was ordered to pay a portion of the College's costs in the amount of $8,000.

Having served the suspension, Dr. Wesolkowski was permitted to resume his medical practice on the condition that he enter into a contract for a recovery plan with the Professional Support Program of the Medical Society of Nova Scotia and that he submit to additional evaluations of his practice and health status as required.

Dr. Ronald E. Legacy

On November 25, 1999, the College issued a hearing committee decision in the case of Dr. Ronald Legacy, a family practitioner from Little Bras D'or, Cape Breton. The decision incorporated a Settlement Agreement relating to charges of incompetence issued by the College on February 12, 1999.

The charges followed the College's investigation of complaints about Dr. Legacy's care of two former patients and an assessment of his competency. The charges dealt with his failure to provide appropriate pain medication and hydration, to make a timely and appropriate referral, to maintain appropriate medical records, and to respond appropriately to the concerns of patients' family members. The charges also included general concerns arising from an assessment of his competency.

Dr. Legacy admitted to the charges as part of his settlement agreement with the College. In addition to imposing a reprimand, the decision required that Dr. Legacy submit to an audit of his office and hospital practice within one year and that he maintain his membership in and comply with the continuing medical education requirements of the College of Family Physicians of Canada. He was also required to pay a $6,000 portion of the costs incurred by the College in its investigation and resolution of the case

A prior requirement that Dr. Legacy's practice be supervised by a designated physician was lifted due to an improvement in his clinical performance noted by a physician assessment program at the University of Manitoba. These improvements followed Dr. Legacy's participation in a physician enhancement program developed by the Continuing Medical Education Office at Dalhousie University.

AUDITOR'S REPORT

To The Members of the College of Physicians and Surgeons of Nova Scotia

We have audited the financial statements of the College of Physicians and Surgeons of Nova Scotia as at December 31, 1999 in accordance with generally accepted auditing standards and expressed an unqualified opinion on these financial statements in our report dated February 4, 2000.

In our opinion, the information contained in the attached condensed statement of operations and changes in net assets is consistent with the above mentioned financial statements from which it was derived.

To obtain a better understanding of the organization's financial position and the results of its operations for the year ended December 31, 1999, this condensed financial statement should be read in light of the audited financial statements.

White Burgess Langille Inman Chartered Accountants
Bedford, Nova Scotia, February 4, 2000

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED DECEMBER 31, 1999

1. PURPOSE OF ORGANIZATION
The College of Physicians and Surgeons of Nova Scotia is a not-for-profit organization that serves as a licensing and regulatory body for the medical profession within the province of Nova Scotia.

2. ACCOUNTING POLICIES
Capital Assets
Capital assets are stated at cost. Depreciation is provided by the diminishing balance method at the following annual rates:

Furniture and equipment.....20% Computer hardware and software.....30%

Equipment under capital lease is being depreciated by the straight-line method over six years, which is approximately the term of the lease.

Investment in Marketable Securities
The marketable securities are stated at cost.

Deferred Revenue
Physicians are licensed on a calendar year basis. Annual fees billed by the College of Physicians and Surgeons of Nova Scotia before December 31 and related to the subsequent year are recorded as deferred revenue.

Hearing Recoveries
Recoveries of hearing expenses are recorded when received.

Funds
Effective 1996, the College of Physicians and Surgeons of Nova Scotia began following a policy of appropriating surplus for future commitments. Surplus is now allocated based on expected future use as follows:

(i) Operating Fund - available for future general use of the organization;
(ii) Reserve Fund - funds for which the council has internally restricted for the purpose of covering expenditures in excess of the organization's operating budget.

3. AUDITED FINANCIAL STATEMENTS
The full set of audited financial statements can be obtained by writing to the College of Physicians and Surgeons of Nova Scotia at Sentry Place, Suite 200, 1559 Brunswick St., Halifax, Nova Scotia.

STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS

College of Physicians and Surgeons of Nova Scotia for the year ended December 31, 1999

	1998 Actual
Revenue	
Annual licensing fees	1,387,908
Registration fees	32,670
Temporary fees	21,881
Specialists fees	11,000
Certificates of good standing	15,072
Physician incorporation	30,900
Other income	15,843
Investment income	25,021
	1,540,295
Expenses	
Council	204,754
Registrar's Office	26,661
Complaints	254,016
Administration	861,883
Occupancy	75,446
Communications	108,598
	1,531,358
Excess (Deficiency) of Revenue over Expenses	8,937
Operating fund - beginning of year	902,375
	911,312
Transfer to reserve fund	(677,880)
Operating fund - end of year	233,432
Reserve Fund	
Balance - beginning of year	106,168
Transfer from operating fund	677,880
Transfer from dedicated discipline fund	150,000
Investment income	90,008
Balance - end of year	1,024,056
Dedicated Discipline Fund	
Balance - beginning of year	150,000
Transfer to reserve fund	(150,000)
Balance - end of year	-

STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS

College of Physicians and Surgeons of Nova Scotia for the year ended December 31, 1999

	1999 Budget	1999 Actual	1998 Actual
Revenue			
Annual licensing fees	1,417,500	1,395,978	1,387,908
Registration fees	27,000	29,435	32,670
Temporary fees	21,000	25,165	21,881
Specialists fees	10,000	9,900	11,000
Certificates of good standing	15,000	16,826	15,072
Physician incorporation	24,000	47,900	30,900
Other income	18,100	12,207	15,843
Investment income	41,000	38,533	25,021
	1,573,600	1,575,944	1,540,295
Expenses			
Council	227,910	215,567	204,754
Registrar's Office	41,000	38,240	26,661
Complaints	272,000	200,801	254,016
Administration	893,250	999,409	861,883
Occupancy	111,100	119,119	75,446
Communications	133,200	115,144	108,598
	1,678,460	1,688,280	1,531,358
Excess (Deficiency) of Revenue over Expenses	(104,860)	(112,336)	8,937
Operating fund - beginning of year		233,432	902,375
		121,096	911,312
Transfer to reserve fund		-	(677,880)
Operating fund - end of year		121,096	233,432
Reserve Fund			
Balance - beginning of year		1,024,056	106,168
Transfer from operating fund		-	677,880
Transfer from dedicated discipline fund		-	150,000
Investment income		81,322	90,008
Balance - end of year		1,105,378	1,024,056
Dedicated Discipline Fund			
Balance - beginning of year		-	150,000
Transfer to reserve fund		-	(150,000)
Balance - end of year		-	-

PHYSICIAN RESOURCE STATISTICS

AS OF DECEMBER 31 EACH YEAR

I. Registered physicians in Nova Scotia

	1999	1998
A. Type of Registration		
Full Register	**1,834**	1,806
Defined Register	**86**	78
Temporary Register	**14**	16
Total	**1,934**	1,900
B. Specialist / Non-specialist		
Specialists	**949**	922
Non-Specialists	**985**	978
C. Location (by county)		
Annapolis	**17**	21
Antigonish	**51**	45
Cape Breton	**189**	189
Colchester	**78**	74
Cumberland	**34**	39
Digby	**14**	16
Guysborough	**5**	5
Halifax	**1132**	1,112
Hants	**49**	50
Inverness	**14**	13
Kings	**116**	110
Lunenburg	**79**	75
Pictou	**59**	58
Queens	**13**	13
Richmond	**12**	11
Shelburne	**11**	7
Victoria	**9**	9
Yarmouth	**52**	53
D. Place of Graduation		
Dalhousie University	**971**	953
Other Canadian	**452**	429
U.S.A.	**28**	30
All Others	**483**	488

II. Net Changes to Nova Scotia Physician Pool

	1999	1998
New Registrations	**149**	175
Reactivated / Reinstated	**53**	39
Transferred to in-province listing	**17**	14
TOTAL	**219**	228
Transferred to non-resident listing	**(41)**	(37)
Retired	**(16)**	(20)
Removed (Voluntary or otherwise)	**(124)**	(120)
Deceased	**(4)**	(3)
TOTAL	**(185)**	(180)
Net increase (Decrease) during each year	**34**	48

III. Other Registrants

Full Register, out of province	**304**	302
Retired, out of province	**20**	18
Retired, in Nova Scotia	**158**	138
Medical Education Register	**364**	336

IV. Total, All Registers

As of December 31 each year	**2,780**	2,694

PHYSICIAN RESOURCE STATISTICS

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Standing Committees 1999/2000

President: Dr. Patricia A. Pearce
President-Elect: Dr. Reginald H. Yabsley
Past-President: Dr. William C. Acker
Registrar/Secretary/Treasurer: Dr. Cameron D. Little
Deputy Registrar: Dr. Sharon Casson

Executive Committee
Dr. Patricia A. Pearce (Chair)
Dr. Reginald H. Yabsley (President-Elect)
Dr. George A. Legere
Mr. Blois Colpitts
Dr. William Lowe
Dr. Mahmood Naqvi
Dr. William C. Acker

Finance Committee
Dr. George A. Legere (Chair)
Dr. Patricia A. Pearce (ex-officio)
Dr. Henry Adamson
Mr. Blois Colpitts
Dr. Reginald Yabsley

Legislation and Policy
Dr. Reginald Yabsley (Chair)
Dr. George A. Legere
Mr. Alan Stern, QC
Dr. Patricia Pearce (ex-officio)
Ms. Carol Jackman
Dr. Henry Adamson

Credentials Committee
Dr. Reginald Yabsley (Chair)
Dr. Patricia A. Pearce (ex-officio)
Dr. Rodney Wilson
Dr. William Lowe
Dr. Robert Anderson
Mr. Alan Stern, QC

Education
Dr. Robert Anderson (Chair)
Dr. Reginald Yabsley
Dr. Jaywant Patil
Dr. Patricia A. Pearce (ex-officio)

Communications Committee
Dr. William Lowe (Chair)
Dr. Patricia A. Pearce (ex-officio)
Dr. Cynthia Forbes
Dr. Don Langille

Investigation Committee A
Dr. William Lowe (Chair)
Mrs. Carol Jackman
Dr. Allen Bishop
Dr. George A. Legere
Dr. Dianne MacDonald

Investigation Committee B
Dr. Robert Anderson (Chair)
Dr. David Murphy
Dr. Albert Doucet
Mrs. Dawn Valardo
Dr. Irene M.J. Szuler

Nominating Committee
Mrs. Carol Jackman (Chair)
Dr. Mahmood Naqvi
Dr. Patricia Pearce (ex-officio)
Dr. Reginald H. Yabsley

Representatives to the
Medical Council of Canada
Dr. S. Clair MacLeod
Registrar

Representatives to the
Prescription Monitoring Program
Dr. Robert Anderson
Registrar or designate

Representatives to the CPSNS/Registered Nurses Association of NS Scope of Practice Committee
Dr. David Murphy
Registrar or designate

Liaison Committee with the Department of Health
Dr. Patricia A. Pearce
Dr. William C. Acker
Registrar
Deputy Registrar

Atlantic Provinces Medical Peer Review
Registrar or designate

Solicitor
Ms. Anne Tutty

Auditor
White Burgess Langille Inman